of recycled disposable syringes that make their way back to the hospitals from surgical wastebins;

(b) whether any estimate has been made of the extent of use of recycled syringes; and

(c) whether any steps have been taken to ensure that the disposable syringes are not re-used?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) There has been media reports that disposable syringes are re-cycled in some places. While no estimation the extent of this practice has been made, in the guidelines on Hospital Acquired Infection Control circulated to the Hospitals and State Governments detailed instruction have been given for proper disposal of blood and blood contaminated material, including disposable syringes and needle by incineration/shredding. This aspect has also been covered in the training programmes organised for Medical and Para-Medical personnel and is a major part of the Information, Education and Communication campaign launched to educate the general public.

Transfer of Specialists under Central Health Service

196. SHRI RAMJI LAL: Will the PRIME MINISTER be pleased to state:

(a) what are the criteria laid down in Central Health Service regarding the transfer/posting of specialists;

(b) whether it is a fact that specialists are posted or transferred throughout the country under CHS rules;

(c) if so, how many specialists have not undergone a single transfer since the date of their initial posting;

(d) whether it is also a fact that some of them have not so far shifted to any other place even after their promotions as Senior Specialist; and

(e) if so, what is the number of such Specialists showing the places of their postings?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) As per CHS Rules, 1996, the doctors are liable to serve anywhere in India or abroad. Looking to the vacancy position in the constituent units of CHS a policy decision has been taken to post specialists to fill the vacancies inter-alia from amongst new recruits and those who have completed long years at a particular station.

(c) The information is being collected from participating units of Central Health Service and will be laid on the Table of the Sabha.

(d) The promotions in three Specialist Sub-cadre to the level of Specialist Grade I (Professor, Senior Specialist etc.) are made in-situ on time-bound basis. Therefore, such promotions do not involve change of place of postings.

(e) Does not arise.

Measures to check Population Growth

197. SHRI RAMJI LAL: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the fact that the country's population is increasing day by day;

(b) if so, what new special and effective measures have been taken to check further increase of population and by when these measures will yield results;

(c) what is the percentage of increase in the country's population during the year 1996-97 together with the State-wise details thereof;

(d) whether Government have also taken any steps to provide medical facilities to all and taken health protection measures in view of the growing population of the country; and

(e) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) The programmes of Department of

Family Welfare are aimed at controlling the population of the country at a level consistent with requirement of national development. The use of contraceptives and terminal methods is being promoted with the citizens in the reproductive age group for avoiding unwanted pregnancies. Facilities for reporductive and child health under the Reproductive and Child Health (RCH) programme launched in October, 1997 through the State Health Systems are being provided for improving the reproductive and child health status of mothers/children which would keep the family small in the long run.

The contraceptive method linked target oriented approach has been given up from April, 1996 and has been replaced by a participatory planning approach involving service provides and community leaders from village level upwards.

(c) A statement giving statewise annual growth rate of population based on latest Sample Registration System (SRS) estimates for the year 1996 is enclosed (*See below*).

(d) and (e) Under National Health Policy (1993), provision has been kept for preventive, promotive and rehabilitative health services to the people. Priority has been accorded to extension, expansion and consolidation of rural health infrastructure viz. Sub-Centres, Primary Health Centres and Community Health Centres.

Statement

Statewise Annual Growth Rate (in percent) for the Year 1996 (Provisional estimates)

	State/UT	Annual Growth Rate % 1996
	India	1.85
	I. Major States	
1.	Andhra Pradesh	1.44
2.	Assam	1.82
3.	Bihar	2.19
4.	Gujarat	1.79
5.	Haryana	2.07
6.	Karnaraka	1.54
7.	Kerala	1.16
8.	Madhya Pradesh	2.13
9.	Maharashtra	1.58
10.	Orissa	1.61
11.	Punjab	1.60
12.	Rajasthan	2.32
13.	Tamil Nadu	1.13
14.	Uttar Pradesh	2.38
15.	West Bengal	1.50
	II. Smaller States	
1.	Arunachal Pradesh	1.63
2.	Delhi	1.58
3.	Goa	0.83
4.	Himachal Pradesh	1.50
5.	Jammu & Kashmir	NA
6.	Manipur	1.37
7.	Meghalaya	2.15
8.	Mizoram	NA
9.	Nagaland	NA
10.	Sikkim	1.35
11.	Tripura	1.18
	III. Union Territoris	
1.	A & N Islands	1.47
2.	Chandigarh	1.28
3.	D & N Haveli	1.97
4.	Daman & Diu	1.20
5.	Lakshadweep	1.75
6.	Pondicnerry	1.12

SOURCE: Sample Registration System

NA: Not available.

सफदरजंग अस्पताल के प्रसूति खंड में बिस्तरों की कमी

198. **श्री मोहिन्दर सिंह कल्याण:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को इस बात की जानकारी है कि सफदरजंग अस्पताल के प्रसूति तथा परिवार-कल्याण खंड में प्रत्येक बिस्तर पर दो-दो नवजात शिशुओं तथा जच्चाओं को रखा जा रहा है;

(ख) यदि हां, तो इसके क्या कारण हैं और सरकार की इस संबंध में क्या प्रतिक्रिया है;

(ग) सरकार ने अस्पताल के उक्त खंड में बिस्तरों की संख्या बढ़ाने और इस खंड के लिए एक नया भवन बनाने हेतु क्या प्रभावी व आवश्यक कार्यवाही की है; और